

DSM IV DIAGNOSTICS

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DSM – IV – TR: *Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition – Text Revision*
published by the American Psychiatric Association, Washington, D.C., 2000.

1. Diagnostics as form of “shorthand”

- a. Facilitates efficient communication
- b. Risks labeling clients, missing important specific details
- c. Person-first language
- d. Stigma
- e. Strengths assessment

2. Development of the DSM IV

- a. Developed by consensus
- b. Evolutionary over time
- c. Not assumed to be discrete disease entities
- d. Categorical vs. dimensional assessment

3. Criteria for each diagnosis

4. Ethnic and cultural considerations

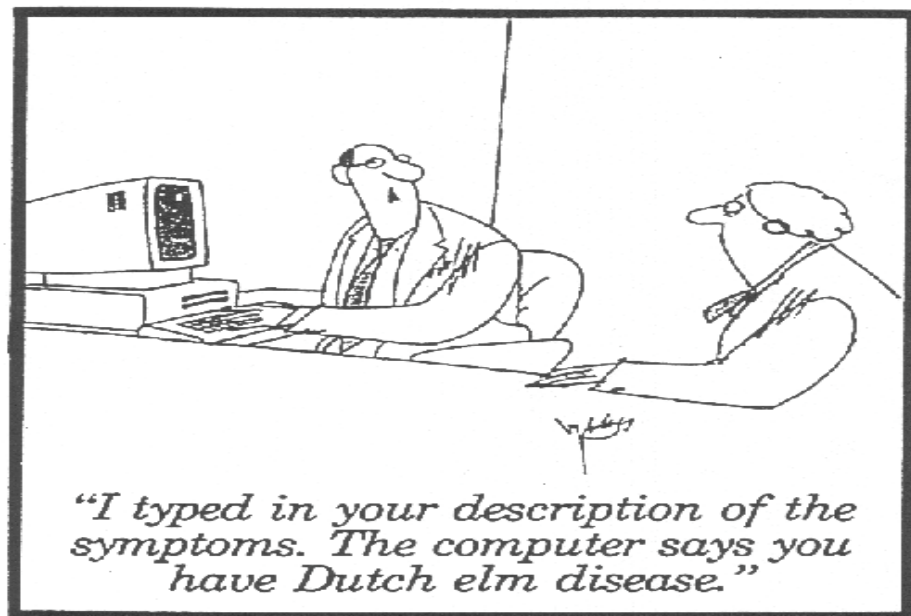
5. Impact of trauma

6. Multiaxial Assessment

Axis I: Clinical Disorders
Axis II: Personality Disorders and Developmental Disabilities
Axis III: General Medical Conditions
Axis IV: Psychosocial and Environmental Problems
Axis V: Global Assessment of Functioning

***Example:* SMITH, Sam**

Axis I: Schizophrenia, Paranoid Type (295.30)
Alcohol Dependence (303.90)
Axis II: (none)
Axis III: Hypertension
Diabetes
Axis IV: Problems with primary support group
Housing problems
Axis V: GAF = 35 (current)
50 (past year)



Diagnostic criteria for Schizophrenia

(From DSM IV TR, Page 312-313.)

- A.** *Characteristic symptoms:* Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
- (1) delusions
 - (2) hallucinations
 - (3) disorganized speech, (e.g., frequent derailment or incoherence)
 - (4) grossly disorganized or catatonic behavior
 - (5) negative symptoms, i.e., affective flattening, alogia, or avolition

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.

Diagnostic criteria for Schizophrenia, *continued*

- B.** *Social/occupational dysfunction:* For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).
- C.** *Duration:* Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).
- D.** Schizoaffective and Mood Disorder exclusion: Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have

occurred during active-phase symptoms~ their total duration has been brief relative to the duration of the active and residual periods.

- E. *Substance/general medical condition exclusion:* The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or general medical condition.
- F. *Relationship to a Pervasive Developmental Disorder:* If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

Classification of longitudinal course (can be applied only after at least 1 year has elapsed since the initial onset of active-phase symptoms):

Episodic With Interepisode Residual Symptoms (episodes are defined by the reemergence of prominent psychotic symptoms); *also specify if:* **With Prominent Negative Symptoms**

Episodic With No Interepisode Residual Symptoms

Continuous (prominent psychotic symptoms are present throughout the period of observation); *also specify if:*

With Prominent Negative Symptoms

Single Episode In Partial Remission; *also specify if:* **With Prominent Negative Symptoms**

Single Episode in Full Remission

Other or Unspecified Pattern

AXIS IV – Psychosocial and Environmental Problems

(From DSM IV TR, Page 32.)

Problems with primary support group
Problems related to the social environment
Educational problems
Occupational problems
Housing problems
Economic problems
Problems with access to health care services
Problems related to interaction with the legal system/crime
Other psychosocial and environmental problems

AXIS V - Global Assessment of Functioning (GAF) Scale

(From DSM IV TR, Page 34.)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate, codes when appropriate, e.g., 45, 68, 72.)

100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
91	
90	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities. socially effective, generally satisfied with life,
81	no more than everyday problems or concerns (e.g. an occasional argument with family members).
80	If symptoms are present, they are transient and expectable reactions to psychosocial stressor
	(e.g., difficulty concentrating after family argument); no more than slight impairment in social,
71	occupational or school functioning (e.g., temporarily falling behind in schoolwork).
70	Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social,
	occupational, or school functioning (e.g., occasional truancy, or theft within the household), but

- 61 generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 **Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR**
 | **moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with
 51 peers or co-workers).
- 50 **Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any**
 | **serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep
 41 a job).
- 40 **Some impairment in reality testing or communication** (e.g., speech is at times illogical, obscure, or
 | irrelevant) **OR major impairment in several areas, such as work or school, family relations,**
 31 **judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to
 work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30 **Behavior is considerably influenced by delusions or hallucinations OR serious impairment in**
 | **communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal
 21 preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day; no job, home,
 or friends).
- 20 **Some danger of hurting self or others** (e.g., suicide attempts without clear expectation of death;
 | frequently violent; manic excitement) **OR occasionally fails to maintain minimal personal hygiene**
 11 (e.g., smears feces) **OR gross impairment in communication** (e.g., largely incoherent or mute).
- 10 **Persistent danger of severely hurting self or others** (e.g., recurrent violence) **OR persistent inability**
 | **to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**
 1
 0 Inadequate information.